

BANK STANDING ORDER MANDATE

To _____ BANK

ADDRESS OF BANK _____

_____ POSTCODE _____

MEMBER'S BANK DETAILS

Member's Name														
Account Name														
Account Number										Sort Code				
Member's contact telephone number (work)														
Member's contact telephone number (home)														

PLEASE PAY THE DEVON LANDLORD'S ASSOCIATION

Name of Organisation	DEVON LANDLORD'S ASSOCIATION														
Bank and Branch Name	LLOYDS TSB BANK, St Marychurch Branch, Torquay, Devon														
Account Number	0	0	4	3	6	6	8	4	Sort Code	3	0	9	7	3	5
References to be quoted: Member's Name										Membership number					

Amount of normal payment £

Amount of normal payment in words

Day or date of payments:	Frequency Annually
Commencing:	Until further notice
Special Instructions:	

By signing this for you are also agreeing to abide by the Association's Code of Practice and to accept the current Constitution.

CONFIRMATION

Customer(s) Signature(s) _____

Date: _____